SOUTHERN SPECIALTY UNDERWRITERS, LLC.
5444 Riverside Drive
Macon, GA 31210
Phone: 478 757 7111 Fax: 478 474 9604

Personal Umbrella/Excess Personal Umbrella Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: _____ Occupation _____

Applicant Type: ❑ Individual(s) ❑ Trust ❑ Limited Liability Company ❑ Limited Liability Partnership ❑ Limited Partnership ❑ Estate

NOTE any type other than Individual(s) requires submitting a completed Trust LLC 4/09 Supplemental Questionnaire

Email Address of Applicant or Applicant primary contact: _____

Address of Primary Residence: _____ ❑ Same as mailing address

City _____ State _____ Zip: _____

❑ Primary Personal Umbrella
Underlying Personal Liability Limit: _____
Underlying Auto Bodily Injury Liability Limit: _____
Underlying U.M./U.I.M. Limit: _____

❑ Excess Personal Umbrella. If so, Underlying Primary Umbrella Limit: _____

Does the applicant or any resident of the applicant's household currently or have they at any time had an occupation as an elected or appointed Federal or State political figure, a professional athlete or coach, entertainer, media personality, or a senior executive or officer of a publicly traded company? ❑ Yes ❑ No

Is this a Farm or Ranch type risk with any Farm animals, Horses or saddle animals, Farm-related revenue of $5,000 or more, or an account containing owned or leased acreage exceeding 100 acres at any location?" ❑ Yes ❑ No

NOTE: Any "Yes" response requires submitting a completed Supplemental Farm Application

In addition to the Primary Residence:

❑ Enter the number of owner occupied secondary residences. _____

❑ Enter the number of 1-4 family residential units rented to others. (Duplex = 2 units) _____

How many automobiles, motorcycles, motor homes and other vehicles licensed for road use are owned or furnished for the regular use of all drivers in the household? _____

How many recreational vehicles (vehicles not licensed for road use) are there in the household? _____

Any Watercraft? If Yes, Please complete watercraft information section ❑ Yes ❑ No

Watercraft Information
Please list all watercraft owned, leased, chartered, or furnished for regular use

Craft Number	Year	Description (Make and Model)	Length	*Type	Max Speed	Total HP	Waters Navigated 1. Inland U.S. 2. Coastal U.S. 3. International Waters	Underlying Liability
1								
2								

***1. Sailboat 2. Outboard 3. Jet Ski / Wave Runner 4. Inboard/Out drive 5. Inboard**
Powerboats (other than Jet-Skis) with speed capabilities exceeding 50 MPH are ineligible.

Driver Information - Please enter the Number of Drivers:

Age 19 or younger _____
Between the ages of 20 and 22 _____
Between the ages of 23 and 75 _____
Between the ages of 76 and 89 _____
Age 90 or older _____

Driving Record Information - Please enter the Number of:

Moving Violations (over the past three years) _____
*Major Moving Violations (over the past three years) _____
At-Fault Accidents (over the past three years) _____
Drug/Alcohol Offenses (over the past five years) _____

Operator Information (Automobiles, Watercraft, Recreational Vehicles)

Driver Name	Date of Birth	License Number	License State	Moving Violation Convictions (Last 3 Years)	*Major Moving Violation Convictions (Last 3 Years)	At Fault Accidents (Last 3 Years)	Drug or Alcohol Related Offenses (Last 5 Years)

***Major moving violation convictions include, but are not limited to, speeding 25 or more over the posted limit, evading the Police, leaving the scene, vehicular homicide, driving under a suspended license, and reckless driving.**

II. ELIGIBILITY QUESTIONS

NOTE: For any "Yes" response, please provide complete information in remarks area.

1. Does the applicant or any member of the applicant's household currently have any active policies with the United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company? ❑ Yes ❑ No
2. Has the applicant or any resident of the applicant's household been convicted of a felony in the past 5 years? ❑ Yes ❑ No
3. Has the applicant or any resident of the applicant's household had a liability loss greater than $50,000 in the past 5 years or is there an open liability claim or lawsuit pending against them? ❑ Yes ❑ No
4. Are any locations used as rooming houses, student housing other than a college dormitory room, assisted living facilities, or group home facilities? ❑ Yes ❑ No
5. Are any locations to be included Subsidized Housing? (Subsidized Housing question N.A. in the states of CA, CT, DC, ME, MA, NJ, OR, UT, VT, WI) ❑ Yes ❑ No
6. Is there a pool at any location that is either unfenced or has a diving board or waterslide? ❑ Yes ❑ No
7. Does the applicant or any resident of the applicant's household have any business or commercial operation covered by applicant's primary homeowners or comprehensive personal liability policy? ❑ Yes ❑ No
8. Are any locations leased to others for hunting, fishing, or other sporting or recreational purposes? ❑ Yes ❑ No
9. Does the applicant or any resident of the applicant's household own any exotic pets? ❑ Yes ❑ No
10. Is there a dog exclusion on any primary homeowners or comprehensive personal liability policy? ❑ Yes ❑ No
11. Is there an animal exclusion on any primary homeowners or comprehensive personal liability policy? ❑ Yes ❑ No
12. Are the Minimum Underlying Limits for automobiles covered completely by a business auto or garage policy? ❑ Yes ❑ No
13. Is any of the Required Underlying Insurance provided by a commercial general liability policy or coverage form? ❑ Yes ❑ No
14. Does any household operator have any restriction on his/her driver's license other than glasses or corrective lenses? ***NOTE: Any "Yes" response requires submitting a completed L252R Physicians Medical Statement.*** ❑ Yes ❑ No
15. Do any of the Required Underlying Insurance Policies contain sub-limits, have reduced limits of liability, or exclude coverage for specific individuals or exposures? ❑ Yes ❑ No
16. Is there currently, or during the next 12 months will there be, any construction, renovation, or demolition at any residential 1-4 family residence or condominium owned by or rented to the applicant? ❑ Yes ❑ No

Residential Properties/Rental units and Apartments/Farms/Vacant Land. Include all units (duplex = 2 units)

Location	Occupancy	Underlying Liability limit
	Primary residence address # Units _____	
	❑Owner occupied ❑Tenant Occupied # Units_____ ❑Farm # Acres _____ ❑Vacant Land # Acres _____	
	❑Owner occupied ❑Tenant Occupied # Units_____ ❑Farm # Acres _____ ❑Vacant Land # Acres _____	

***Any individual dwellings containing more than five units are ineligible**

III. ADDITIONAL APPLICANT INFORMATION

Applicant's Mailing Address (if different than Primary Residence address): _____

City: _____ State: _____ Zip: _____

Phone: _____

Remarks

Important Notice Regarding the Fair Credit Reporting Act: I understand that as part of the underwriting procedure, a consumer report may be obtained in connection with the application for insurance and subsequent amendments and renewals. Such reports may include information regarding my driving record. Information collected by the Company or its authorized representatives may, in certain circumstances, be disclosed to third parties without my authorization. I have the right to review my personal information in the Company files and can request correction of any inaccuracies.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance or any written statement as part of or in support of an application with the intent to defraud, may be guilty of a crime and may be subject to fines and confinement in prison.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature: _____ Date: _____

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____